# L17000 199464

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#### **COVER LETTER**

SUBJECT: Naples Aircraft Management, LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L17000199464	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne following:
Richard Gladden	
Name of Person	
Name of Firm/Company	
190 1st Avenue N	
Address	
Naples, FL 34102	
City/State and Zip Code	
rgladden@mononcanadainc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code  Area Code	Daytime Telephone Number
City/State and Zip Code rgladden@mononcanadainc.com  E-mail address: (to be used for future annual report notification)	
at (	)
Name of Person at (at (	Daytime Telephone Number

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Statutes, the	undersigned,		
David S. Ged, PA		, hereby resigns as	hy resions as	
	Name of Registered Agent	(Hereby resigns as		
Registered Agent for	Naples Aircraft Management, LLC			
	Name of Limited Liability Company	<del>.</del>		
L17000199464				
Document	Number, if known			
A copy of this resigna	tion was mailed to the above listed limited liab	pility company at its last known address.		
The agency is termina	ted and the office discontinued on the 31st day	after the date on which this statement is file	d.	
	Del Signature of Resigning A	gent 7		
If signing on behalf of	an entity:	DEC 27		
	David S. Ged	enty SSF		
	Typed or Printed Name		٠i٠,	
	President		<del>-</del> :-,	
	Capacity	7: 05 STATE LORIBA		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company